



Financial Aid/EOPS Office ♦ 2277 Napa-Vallejo Hwy ♦ Napa, CA 94558
Main (707) 256-7301 ♦ Toll Free (800) 826-1077

2025-2026 V4 Verification Packet

Student ID # _____ Date of Birth _____
Student Legal Name _____
Mailing Address _____ Apartment/Space # _____
City _____ State _____ Zip _____
Cellular Phone # _____ Home Phone # _____
EmailAddress _____

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Napa Valley College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Napa Valley College for 2025-2026.

Student's Signature

Date

Student's ID #